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## **Commentary about fear of movement**

Meyer, K

**Abstract:** Chronic pain influences many aspects of a patient's life and often results in physical disability. There are many concepts to explain this condition of disability. For example, several psychological variables like coping with pain, depression, hypervigilance, catastrophizing and fear avoidance are considered in literature to play an important role. In Vlaeyen's model of fear avoidance, he proposes that in a first step negative affectivity and threatening illness information could trigger the development of pain catastrophizing thoughts and subsequently result in pain-related fear and avoidance, hypervigilance, physical disuse leading to deconditioning and physiological deterioration, depression, and disability. In turn all these consequences could again have an impact on the patient's pain experiences [1].

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## Commentary about fear of movement

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Chronic pain influences many aspects of a patient's life and often results in physical disability. There are many concepts to explain this condition of disability. For example, several psychological variables like coping with pain, depression, hypervigilance, catastrophizing and fear avoidance are considered in literature to play an important role. In Vlaeyen's model of fear avoidance, he proposes that in a first step negative affectivity and threatening illness information could trigger the development of pain catastrophizing thoughts and subsequently result in pain-related fear and avoidance, hypervigilance, physical disuse leading to deconditioning and physiological deterioration, depression, and disability. In turn all these consequences could again have an impact on the patient's pain experiences [1].

Although the effect of pain catastrophizing is controversially discussed [2], it may actually play an important role during the transition phase from developing acute pain to chronic pain. At this stage pain catastrophizing may act as a precursor of pain-related fear and fear avoidance [1, 3]. If this model were to apply and catastrophizing were indeed to have an influence in the development of chronic pain, then the identification of catastrophic cognitions should not only take place when the pain is already chronic, but already early on to prevent the development of fear-avoidance, depression and, consequently, disability.

The authors enumerate five life domains which are influenced by fear avoidance: explanatory models of illness, renegotiation of roles, social isolation, relationship changes, and return to employment. Vlaeyen's fear avoidance model is like a vicious circle, the end of the chain being an increased perception of pain which then again sets off the whole process. However, if we try to take a more careful look at the whole process, we could consider that fear avoidance does not necessarily only directly affect the five life domains. Instead, it foremost leads to hypervigilance, depression and disuse and then, as a further consequence, negatively influences the five life domains.

Therefore, hypervigilance and depression may influence social relationships and lead to social isolation. Moreover, depression seems to be an important negative factor in terms of renegotiation of roles and returning to employment. Disuse may lead to physical deconditioning and additionally hinder normal movements and physical activities, which could also eventually result to difficulties in returning to employment.

In research and treatment it is important to focus on fear avoidance behaviour, as the authors propose. Furthermore, it is essential to focus on the patients' concepts about fear avoidance behaviour during the rehabilitation. As mentioned, explaining the diagnosis and its consequences correctly is a very useful step to prevent the development of fear, wrong thoughts and beliefs and to avoid the above explained vicious circle. Research and treatment should also involve other psychological variables such as pain catastrophizing, hypervigilance, depression and coping with pain and take into the consideration the interrelationships of these variables. Disuse should be prevented by establishing physical conditioning programs including graded activity, which is considered to diminish fear of movement.

Fear avoidance is a very important concept in the development of disability. The complex relationships between psychological variables inevitably have to be taken into consideration when attempting to understand how the lives of the patients are influenced by chronic pain.

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